

**Passamaquoddy Tribe
Indian Township LIHEAP**

Applicant's Last Name		First Name	M.I.	Telephone #
Mailing Address (Street, PO, Apt #)		Town		ZIP
Town of Legal Resident:		Delivery Directions (911 Address):		
List All Household Members	Age	D.O.B.	Social Security No.	How many in your household? _____ Native American _____ Children _____ Elderly (55+) _____ Disabled
				Total Living in Household?
				Hypothermia? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Doctors Note: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Is any member in your household receiving? <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assist <input type="checkbox"/> Other Other: _____
Housing Information: Do You? (check as appropriate)			What is your primary heating source (check 1)	
Own <input type="checkbox"/>	Own Meter <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>	
Rent <input type="checkbox"/>	Own Tank <input type="checkbox"/>	Kerosene <input type="checkbox"/>	All Util. Incl. <input type="checkbox"/>	
Rent W/Heat Incl. <input type="checkbox"/>	Size of Tank _____	Wood Pellets <input type="checkbox"/>	Wood <input type="checkbox"/>	
Room/Board <input type="checkbox"/>		CHOOSE ONLY 1 SOURCE OF PRIMARY HEAT		
Do you live in (check appropriate)			Landlord Information	
Single Family <input type="checkbox"/>	Apartment <input type="checkbox"/>	Landlord Name	_____	
Mobile Home <input type="checkbox"/>	No. of Rooms _____	Address	_____	
		City/State/Zip	_____	
		Phone	_____	
Heating Source Information				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was your heating system cleaned this year?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your chimney been cleaned within the last year?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your home been weatherized?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your walls insulated?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your attic insulated?			
Describe how you heat your house:				
Primary heat _____		Secondary heat _____		
1. Oil broiler/furnace	2. Gas broiler/furnace	3. Wood stove	4. Other	5. None
Is your heating system				
Primary heat _____		Secondary heat _____		
1. Working well	2. Not working	3. Not working well	4. Not applicable	
What was your total heating costs for last winter? \$ _____				
Income information, confidentiality waiver and penalty provision				
I consent to the verification of the information contained on this application including all household income, any benefits received from the AFDC/TANF program at the Department of Human Services, Social Security (Disability & Retirement) and all other sources of all income eligibility. I waive my right to keep these records confidential from Indian Township Tribal Government LIHEAP in order to administer this program.				
I also understand the penalty provision could be imprisonment for up to six months and or fined up to \$1000.00				
I have read and understood the consent on "income information, confidentiality waiver and penalty provision" on this application. I understand and agree that you may contact any and all listed sources of income for verification as necessary.				
APPLICANT SIGNATURE:			Date	